

Case Number:	CM14-0119068		
Date Assigned:	08/06/2014	Date of Injury:	02/27/2010
Decision Date:	12/31/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 2/27/2010. Patient injured his lower back while helping a passenger. Diagnosis includes: unspecified thoracic and lumbar neuritis and degenerative lumbar and lumbosacral.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L4-S1 Epidural Steroid Injection (ESI) facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to guidelines epidural Steroid Injection (ESIs) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved

function. According to the patient's medical records there is no diagnosis or clinical evidence of radiculopathy. Therefore, ESI is not medically necessary.

Physical therapy 3x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (updated 06/10/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar and Thoracic Physical Therapy

Decision rationale: According to guidelines it states physical therapy of the lumbar and thoracic spine should be 10-12 visits over 8 weeks or 10 visits over 8 weeks. Based on the medical records the patient had physical therapy but it is not stated how many visits, what body parts and outcome of the physical therapy. Also if there is a continued home exercise program and is not medically necessary.